

<b>Case Number:</b>	CM15-0089424		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male, who sustained an industrial injury on 04/26/2011, when he was involved in an explosion and was in a comma for 3-4 months. On provider visit dated 04/28/2015 the injured worker has reported pain in left toes and presented for nail care. On examination of the left toe revealed multiple hyperkeratotic lesions in 5th toe distal lateral corner tender in the face of varus rotation to the toe. The diagnoses have included onychomycosis. Treatment to date has included previous nail care. The provider requested Evaluate left leg for equines and extensor substitution and debridement of left toe nails x3 over 5 month period.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Debridement of left toe nails x 3 over 5 month period:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**Decision rationale:** CA MTUS/ACOEM Chapter 14, page 374 states that surgical considerations for foot and ankle conditions may be indicated for patients who have activity limitation for more than one month with a failed exercise program and clear clinical and imaging evidence of a lesion shown to be of benefit in both the short and long term from surgical repair. In this case, the exam note from 4/28/15 does not demonstrate a failure of conservative care or objective findings to warrant the requested procedure. Therefore, the treatment is not medically necessary.

**Evaluate left leg for equinas and extensor substitution:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

**Decision rationale:** CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the exam note from 4/28/15 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant evaluation for the left leg equinas and extensor subluxation. Therefore, the treatment is not medically necessary.